

Massachusetts Official  
In-Person Absentee Ballot Application



William Francis Galvin  
Secretary of the Commonwealth

See reverse side for instructions

**Voter Information**

1

Name: \_\_\_\_\_

Legal Voting Residence:  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Ballot Information**

2

Date of Election: \_\_\_\_\_

Type of Election:

- State Election
- State Primary
- Presidential Primary
- Local Election
- Local Preliminary

Party (only if requesting primary ballot): \_\_\_\_\_

**Special Circumstances**  
*(If applicable)*

3

- Voter is a member of military on active duty or dependent family member of active duty personnel.
- Voter is a Massachusetts citizen residing overseas.
- Voter required assistance in completing application due to physical disability.

Assisting person's name: \_\_\_\_\_

Assisting person's address: \_\_\_\_\_

Signed (under penalty of perjury): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR REGISTRAR USE ONLY**

We certify that the voter for whom this application is being made appears to be eligible to vote from the address listed on the application.

\_\_\_\_\_  
\_\_\_\_\_

## **Eligibility**

This application is for use by...

A registered voter who will be unable to vote at the polls on Election Day due to absence from the voter's city or town during polling hours, disability, or religious beliefs.

**OR**

A non-registered voter who is:

- A Massachusetts citizen who resides overseas; or
- An active member of the armed forces or merchant marines, their spouse or dependent.

## **Completing the Application**

1. Voter Information – Provide your name, legal voting address, and date of birth. Telephone number and e-mail address are optional fields
2. Ballot Information – Check a box indicating the type of election for which you are requesting a ballot. For primaries, if you are not enrolled in a party, provide the party whose ballot you are requesting.
3. Special Circumstances – Check any of the listed circumstances which apply to this application, if any.
4. Sign your name. If you require assistance in signing the application, you may authorize someone to sign your name in your presence. That person must complete the assisting person's information in Section 3.